

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH33437
State File No. 4252

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4252	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri		c. LENGTH OF STAY (in this place) 2 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3 108	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1418 Forest Ave				d. STREET ADDRESS (If rural, give location) 1418 Forest 3 108			
3. NAME OF DECEASED (Type or Print) a. (First) Beulah		b. (Middle) HANNAH		c. (Last) BOONE		4. DATE OF DEATH (Month) (Day) (Year) 10 7 50	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug. 4, 1886	
9. AGE (In years last birthday) 64		10. UNDER 1 YEAR Months 2 Days 3		11. UNDER 1 MRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) La Fayette County, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME BERRY		13b. MOTHER'S MAIDEN NAME HANNAH		14. NAME OF HUSBAND OR WIFE SARAH THOMPSON		14. NAME OF HUSBAND OR WIFE TOM BOONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Samuel Holmes 1418 Forest			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Arterial Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 240 (ventrally) 240 (ventrally) 443T	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/25, 1950, to 10/7, 1950, that I last saw the deceased alive on 10/7, 1950 and that death occurred at 2:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE James D. Smith (Degree or title)				23b. ADDRESS M.D. 1318 Professional Bldg. St. Louis		23c. DATE SIGNED 10/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) RE-NOVALS		24b. DATE 10-10-50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Oxford Miss.	
DATE REC'D BY LOCAL REG. 10-9-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brigham & Jones 2300 E. 18th St.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Laurence A. Jones*

Licensed Embalmer No. *4429*

P. O. Address *2300 East 18th St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.